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ENCOUNTER DATABOOK FOR COMMUNITY HEALTHCHOICES

JUNE 12, 2020

Commonwealth of Pennsylvania

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INTRODUCTION

OVERVIEW

The Commonwealth of Pennsylvania (Commonwealth) Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) implemented Community HealthChoices (CHC), a managed long term care program to advance the goal of increasing opportunities for older Pennsylvanians and individuals with physical disabilities to remain in their homes. CHC is a statewide mandatory program through which eligible participants receive medical assistance (MA) physical health (PH) benefits and long term services and supports (LTSS), including Nursing Facility (NF) and Home and Community Based Services (HCBS).

DHS contracted with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to provide actuarial rate development support for the CHC program.

PURPOSE OF THIS DATABOOK

The intent of this databook is to summarize historical Medicaid cost and utilization information for the CHC program in the Southeast and Southwest zones, as submitted by the CHC-managed care organizations (MCOs) through PROMISe™. The submitted CHC program encounter data reflects the covered populations and services as outlined in the agreement between DHS and the CHC-MCOs (Agreement).

The Medicaid encounter data in this databook, along with the historical fee-for-service (FFS) data summarized in the FFS databook dated April 24, 2020, will be the base data starting point for calendar year (CY) 2021 CHC capitation rate development. The adjustments outlined in Section 5 will be applied to develop the CHC Medicaid capitation rates.

CONTENT OF THIS DATABOOK

This databook contains cost and utilization encounter data from the CHC-MCOs participating in CHC (as listed in Table 1) for acute medical services, NF services and HCBS. As the CHC program was implemented with a multi-year regional phase-in, CHC program encounter data is available only for the Southwest and Southeast zones at this time. Information specific to the Lehigh/Capital, Northeast and Northwest zones will be summarized in future rate cycles.

TABLE 1: CY 2019 CHC-MCOS

SOUTHWEST ZONE
AmeriHealth Caritas Pennsylvania CHC (AHC)
PA Health & Wellness (PHW)
UPMC Community HealthChoices (UPMC)
SOUTHEAST ZONE
Keystone First CHC (KF)
PA Health & Wellness (PHW)
UPMC Community HealthChoices (UPMC)

To create this databook, Mercer aggregated the CHC-MCOs' submitted encounter data for the Southwest and Southeast zones, by population group and category of service (COS), as further outlined below.

Time Periods

The information in this databook is summarized for the following time period:

- CHC-MCO submitted PROMISe™ Encounter Data (based on date of service):
 - CY 2019 (January 1, 2019, through December 31, 2019) paid through December 31, 2019

Rating Regions

Within the Southwest and Southeast zones, separate capitation rating regions were established consistent with the CY 2020 rate setting approach to address cost differentials within those zones.

This databook contains information regarding the CHC eligible populations in the rating regions noted in Table 2.

TABLE 2: RATING REGIONS

RATING REGION	COUNTIES INCLUDED
Southwest — Allegheny	Allegheny
Southwest — 13 Counties	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
Southeast — Philadelphia	Philadelphia
Southeast — 4 Counties	Bucks, Chester, Delaware, Montgomery

Covered Populations and Population Groups

The Agreement outlines the individuals within the Commonwealth’s Medicaid program who are eligible for the CHC program. In addition to cost differentials across rating regions, the CHC capitation rates will consider the different risk characteristics of the eligible populations. Although population grouping summaries have been prepared to inform the CHC-MCOs of the service utilization profiles and per member costs across the CHC eligible Medicaid population, it is important to note the population groups do not represent the rate cells for which capitation rates will be paid. DHS will continue to use a blended rate cell structure for the Nursing Facility Clinically Eligible (NFCE) populations. This means that for individuals within a certain age group and dual eligibility status, a single capitation payment will be made regardless of whether the individual resides in a NF or receives services in the community through the CHC HCBS waiver.

Table 3 illustrates the population groups summarized within this databook along with the corresponding capitation payment rate cells.

TABLE 3: POPULATION AND CAPITATION RATE CELLS

POPULATION GROUP ¹	CAPITATION RATE CELL
Dually Eligible Individuals Residing in a NF	NFCE Duals
Dually Eligible Individuals Enrolled in a HCBS Waiver	
Medicaid Only Individuals Residing in a NF	NFCE Non-Duals
Medicaid Only Individuals Enrolled in a HCBS Waiver	
Dually Eligible Individuals Not Residing in a NF or Enrolled in a HCBS Waiver	NF Ineligible (NFI) Duals

For individuals temporarily residing in a NF while concurrently enrolled in an HCBS waiver, their cost and membership data were only counted once for a given month under the applicable NF group (and not also under the HCBS waiver group).

Covered Services

The specific services covered by the CHC-MCOs are detailed in the Agreement. The data summaries reflect historical costs for the services; any differences between historical service offerings and prospective service offerings will be considered during the capitation rate development process.

¹ Population groups and capitation rate cells are further delineated by age groupings (ages 21–59 and ages 60 and older) and rating region.

For purposes of illustrating the cost and utilization patterns of the CHC eligible population groups, the historical data was summarized by major service categories. The CHC capitation rates will be established at the rate cell level, encompassing all services therein (i.e., capitation rates will not be established on a service level). Table 4 includes the major service categories outlined in the databook summaries. Note that any service coordination encounters were excluded from this databook as consideration for those activities is included as part of the non-benefit load assumptions in CHC capitation rate development.

TABLE 4: COVERED SERVICES

MEDICAL SERVICES	HCBS WAIVER SERVICES
Ambulance	Day Habilitation and Adult Day
Dental	Employment
Durable Medical Equipment (DME)/Supplies	Home Health/Therapies
Emergency Room	Other Waiver
Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)	Participant Directed Services (PDS)/Financial Management Services (FMS)
Home Health	Personal Assistance
Hospice	Residential Habilitation
Inpatient	Respite
Laboratory/Radiology	Vendor Services
Nursing Facility	Waiver DME/Supplies
Other Medical	
Outpatient	
Pharmacy	
Physician	
Vision	

DHS has separate agreements for behavioral health (BH)-MCOs providing BH services to the CHC eligible population, as well as PH-MCOs providing acute medical services to other MA populations.

CAVEATS

Mercer used and relied upon the historical claims and eligibility data supplied by the Commonwealth. The Commonwealth is solely responsible for the validity and completeness of the supplied data. Mercer reviewed the data in compliance with Actuarial Standard of Practice (ASOP) No. 23 (Data Quality) for internal consistency and reasonableness, but did not audit the data.

This document assumes the reader is familiar with the Commonwealth's Medicaid program, Medicaid eligibility rules and actuarial rating techniques. It is intended for DHS and the CHC-MCOs, and should not be relied upon by other parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these data. This document should only be reviewed in its entirety.

Users of this databook are cautioned against relying solely on the data contained herein. The Commonwealth and Mercer provide no guarantee, written or implied, that this databook is 100% accurate or error-free. This document is being provided for informational purposes only. The Commonwealth and Mercer reserve the right to refine it as they see fit at any time.

The authors of this document, listed below, are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses described in this document.

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BASE DATA AND ADJUSTMENTS REFLECTED IN THIS DATABOOK

The Commonwealth provided Mercer with historical Medicaid CHC encounter data and Office of Long Term Living (OLTL) capitation payment information. This section provides additional detail on the encounter data utilized as well as a brief explanation of the adjustments applied to the data. These adjustments are reflected in the summaries shown in Section 5.

As part of the encounter data review and validation process, Mercer makes several adjustments to ensure the data is appropriate for use in rate setting. The following is a summary of the data criteria and adjustments applied to the CY 2019 encounter data:

- Data reflects voided and adjusted encounters.
 - Mercer is aware of an issue in the Commonwealth CHC encounter data feeds where original Internal Claim Number (ICN) details are not populated on adjustment claims or voided pharmacy claims. As such, the adjustments cannot be linked to the original encounters. OLTL and Mercer are working to resolve this issue. However, the below outlined adjustment to align the encounters with total financial dollar levels accounts for the impact of this issue.
- Data only includes CHC-MCO encounter records that pass the required PROMISE™ edits.
- The final payment is net of these claim adjustments: recipient spend-down expenses, third-party liability recoveries, copayments, coinsurance, deductibles, and monthly payments made by Medicaid recipients (e.g., net available monthly income)
- Pharmacy encounters are gross of all market share and state supplemental rebates.
- Encounter data is allocated to COS according to the CHC Medical Service Group Hierarchy found in Appendix B(1) and Appendix B(2) of the financial reporting requirements (FRR) package and exclude service coordination.
- Eligibility was attached to the encounter data based on OLTL capitation payment files (820 files) received from the Department. Attaching eligibility to the encounter data provided member demographic information, such as population group and rating region.

INCURRED CLAIMS ADJUSTMENT — ENCOUNTER TO FINANCIAL ALIGNMENT AND INCURRED BUT NOT REPORTED

As part of the encounter validation efforts, Mercer analyzed comparisons between the CHC-MCO's encounter data and the quarter-ending December 31, 2019 financial Report #4 (lag triangles) submissions to ensure the encounter data is a usable data source in rate setting. Mercer worked with DHS and the CHC-MCOs to better understand the known drivers and issues causing the differences between the two data sources and identify where CY 2021 rate setting adjustments may be necessary.

As a result, Mercer applied a financial alignment adjustment to the encounter base data to align the CHC-MCOs' submitted encounters to the CHC-MCOs' financial Report #4 (lag triangles) data. Additionally, to capture amounts not reflected within the submitted encounters, this adjustment includes any amounts reported for subcapitation, settlements and other purchasing arrangements as included in Report #4. The same incurred and paid (runout) periods are used for all sources of data.

As part of standard business accounting practices, the CHC-MCOs must account for incurred but not reported (IBNR) expenses. Mercer performed an analysis of the CHC-MCOs' Report #4 (lag triangles) data to assess reasonability of reported reserves and ensure a consistent approach across CHC-MCOs. Adjustments were made to the CHC-MCO IBNR estimates based on Mercer's analysis of the CHC-MCOs' Report #4 data.

The below adjustment, reflecting both the encounter to financial alignment and IBNR estimate, is made to the CY 2019 submitted encounter data by rating region and dual status of participants (as available within the Report #4 information) for each major COS (Nursing Facility, Pharmacy, Other Medical, Personal Assistance and Other HCBS Waiver). A summary of the impact of this adjustment is illustrated in Table 5, with additional detail in the exhibit included at the end of this section.

TABLE 5: ENCOUNTER TO FINANCIAL ALIGNMENT AND IBNR ADJUSTMENT

COS		SOUTHWEST — ALLEGHENY	SOUTHWEST — 13 COUNTIES	SOUTHEAST — PHILADELPHIA	SOUTHEAST — 4 COUNTIES
Nursing Facility	Dual	1.1656	1.1845	1.1847	1.1850
	Non-Dual	1.2045	1.1684	1.1629	1.1602
Pharmacy	Dual	0.6761	0.8019	0.7921	0.8799
	Non-Dual	1.0624	1.0519	1.0925	1.0693
Other Medical	Dual	1.1785	1.1181	0.8145	0.9374
	Non-Dual	1.2527	1.2636	1.2240	1.2809
Personal Assistance		1.1179	1.1273	1.1537	1.1552
Other HCBS Waiver		1.1909	1.2116	1.4353	1.2436

Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A	H	I = (F + H)/A
			CY 2019 Base Encounters ¹	CY 2019 Report 4 Financial Results ⁴					Factor Pre-IBNR	Mercer Est IBNR	Final Factor
			Base Financial Dollars ^{2,3}	Subcaps ²	Settlements	Other Purchasing Arrangements	Total				
SW-Allegheny	Nursing Facility	Dual	\$183,160,685	\$192,624,322.12	\$0	\$0	\$0	\$192,624,322	1.0517	\$20,869,805	1.1656
		Non-Dual	\$19,549,378	\$20,899,632	\$0	\$0	\$0	\$20,899,632	1.0691	\$2,647,665	1.2045
	Pharmacy	Dual	\$5,154,541	\$4,128,170	\$0	(\$810,250)	\$0	\$3,317,920	0.6437	\$166,850	0.6761
		Non-Dual	\$17,067,949	\$17,691,763	\$0	\$0	\$0	\$17,691,763	1.0365	\$440,919	1.0624
	Other Medical	Dual	\$22,098,813	\$23,165,146	\$651,972	\$0	\$0	\$23,817,119	1.0778	\$2,227,023	1.1785
		Non-Dual	\$27,576,958	\$29,175,283	\$68,489	\$0	\$0	\$29,243,772	1.0604	\$5,300,702	1.2527
	Personal Assistance	N/A	\$251,073,618	\$260,881,606	\$0	\$0	\$0	\$260,881,606	1.0391	\$19,787,330	1.1179
	Other HCBS Waiver	N/A	\$15,767,581	\$17,152,948.73	\$0	\$0	\$0	\$17,152,949	1.0879	\$1,625,163	1.1909
	Total		\$541,449,522	\$565,718,871	\$720,461	(\$810,250)	\$0	\$565,629,082	1.0447	\$53,065,458	1.1427
	SW-13Cty	Nursing Facility	Dual	\$312,691,950	\$333,136,113	\$0	\$0	\$0	\$333,136,113	1.0654	\$37,254,830
Non-Dual			\$29,926,816	\$30,899,212	\$0	\$0	\$0	\$30,899,212	1.0325	\$4,068,629	1.1684
Pharmacy		Dual	\$9,145,350	\$7,396,502	\$0	(\$336,750)	\$0	\$7,059,752	0.7719	\$274,082	0.8019
		Non-Dual	\$17,986,151	\$18,628,296	\$0	\$0	\$0	\$18,628,296	1.0357	\$291,274	1.0519
Other Medical		Dual	\$34,348,956	\$34,331,824	\$999,682	\$0	\$0	\$35,331,506	1.0286	\$3,075,710	1.1181
		Non-Dual	\$30,567,347	\$33,130,761	\$56,700	\$0	\$0	\$33,187,460	1.0857	\$5,437,375	1.2636
Personal Assistance		N/A	\$206,621,035	\$217,792,956	\$0	\$0	\$0	\$217,792,956	1.0541	\$15,125,438	1.1273
Other HCBS Waiver		N/A	\$32,185,075	\$35,385,844	\$0	\$0	\$0	\$35,385,844	1.0994	\$3,610,306	1.2116
Total		\$673,472,680	\$710,701,507	\$1,056,382	(\$336,750)	\$0	\$711,421,139	1.0563	\$69,137,644	1.1590	
SW Zone Total	Nursing Facility	Dual	\$495,852,635	\$525,760,435.33	\$0	\$0	\$0	\$525,760,435	1.0603	\$58,124,635	1.1775
		Non-Dual	\$49,476,194	\$51,798,844	\$0	\$0	\$0	\$51,798,844	1.0469	\$6,716,294	1.1827
	Pharmacy	Dual	\$14,299,891	\$11,524,672	\$0	(\$1,147,000)	\$0	\$10,377,672	0.7257	\$440,932	0.7566
		Non-Dual	\$35,054,100	\$36,320,059	\$0	\$0	\$0	\$36,320,059	1.0361	\$732,193	1.0570
	Other Medical	Dual	\$56,447,768	\$57,496,970	\$1,651,654	\$0	\$0	\$59,148,624	1.0478	\$5,302,732	1.1418
		Non-Dual	\$58,144,305	\$62,306,044	\$125,189	\$0	\$0	\$62,431,232	1.0737	\$10,738,077	1.2584
	Personal Assistance	N/A	\$457,694,652	\$478,674,561	\$0	\$0	\$0	\$478,674,561	1.0458	\$34,912,769	1.1221
	Other HCBS Waiver	N/A	\$47,952,656	\$52,538,793	\$0	\$0	\$0	\$52,538,793	1.0956	\$5,235,469	1.2048
Total		\$1,214,922,202	\$1,276,420,378	\$1,776,843	(\$1,147,000)	\$0	\$1,277,050,221	1.0511	\$122,203,102	1.1517	

¹Base Encounter Dollars based on CY 2019 CHC Encounter Data with runout through December 31, 2019. Excludes service coordination costs.

²Base financial dollars reflect CY 2019 financial dollars based on Q4 2019 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

³Based on CHC-MCO Feedback, NFCE costs related to transportation services had been reported as Expanded/Value-added Services (EVAS) from Report #5. These costs will be reclassified as a covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2019 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

⁴Financial Dollars do not include In-Lieu Of Services (ILOS) from Report #5 in Q4 2019 CHC-MCO financial submissions as none were reported to date.

Region	COS	Dual Status	A	B	C	D	E	F = SUM (B to E)	G = F/A	H	I = (F + H)/A
			CY 2019 Base Encounters ¹	Base Financial Dollars ^{2,3}	Subcaps ²	Settlements	Other Purchasing Arrangements	Total	Factor Pre-IBNR	Mercer Est IBNR	Final Factor
SE-Philadelphia	Nursing Facility	Dual	\$201,959,204	\$216,288,645	\$0	\$0	\$0	\$216,288,645	1.0710	\$22,964,124	1.1847
		Non-Dual	\$44,454,409	\$46,291,656	\$0	\$0	\$0	\$46,291,656	1.0413	\$5,404,504	1.1629
	Pharmacy	Dual	\$13,035,018	\$9,401,329	\$0	\$0	\$0	\$9,401,329	0.7212	\$924,078	0.7921
		Non-Dual	\$126,080,750	\$129,543,877	\$0	\$0	\$0	\$129,543,877	1.0275	\$8,195,991	1.0925
	Other Medical	Dual	\$96,425,730	\$66,441,779	\$1,482,375	\$0	\$0	\$67,924,154	0.7044	\$10,611,799	0.8145
		Non-Dual	\$198,589,515	\$205,191,812	\$346,614	\$0	\$0	\$205,538,426	1.0350	\$37,534,764	1.2240
	Personal Assistance	N/A	\$1,793,940,747	\$1,849,643,197	\$0	\$0	\$0	\$1,849,643,197	1.0311	\$220,099,199	1.1537
	Other HCBS Waiver	N/A	\$91,736,801	\$109,149,023	\$0	\$0	\$0	\$109,149,023	1.1898	\$22,518,987	1.4353
	Total		\$2,566,222,174	\$2,631,951,318	\$1,828,989	\$0	\$0	\$2,633,780,306	1.0263	\$328,253,447	1.1542
	SE-4Cty	Nursing Facility	Dual	\$407,431,590	\$431,735,254	\$0	\$0	\$0	\$431,735,254	1.0597	\$51,083,366
Non-Dual			\$51,284,534	\$53,513,202	\$0	\$0	\$0	\$53,513,202	1.0435	\$5,988,394	1.1602
Pharmacy		Dual	\$4,735,254	\$3,773,661	\$0	\$0	\$0	\$3,773,661	0.7969	\$392,881	0.8799
		Non-Dual	\$24,695,842	\$25,473,661	\$0	\$0	\$0	\$25,473,661	1.0315	\$934,751	1.0693
Other Medical		Dual	\$37,949,562	\$30,243,844	\$864,705	\$0	\$0	\$31,108,549	0.8197	\$4,465,913	0.9374
		Non-Dual	\$43,383,300	\$46,621,632	\$85,767	\$0	\$0	\$46,707,399	1.0766	\$8,864,216	1.2809
Personal Assistance		N/A	\$406,563,890	\$418,885,522	\$0	\$0	\$0	\$418,885,522	1.0303	\$50,790,075	1.1552
Other HCBS Waiver		N/A	\$79,549,169	\$85,177,153	\$0	\$0	\$0	\$85,177,153	1.0707	\$13,750,819	1.2436
Total		\$1,055,593,141	\$1,095,423,930	\$950,472	\$0	\$0	\$1,096,374,401	1.0386	\$136,270,415	1.1677	
SE Zone Total	Nursing Facility	Dual	\$609,390,794	\$648,023,899	\$0	\$0	\$0	\$648,023,899	1.0634	\$74,047,490	1.1849
		Non-Dual	\$95,738,943	\$99,804,858	\$0	\$0	\$0	\$99,804,858	1.0425	\$11,392,898	1.1615
	Pharmacy	Dual	\$17,770,271	\$13,174,990	\$0	\$0	\$0	\$13,174,990	0.7414	\$1,316,959	0.8155
		Non-Dual	\$150,776,592	\$155,017,538	\$0	\$0	\$0	\$155,017,538	1.0281	\$9,130,741	1.0887
	Other Medical	Dual	\$134,375,292	\$96,685,623	\$2,347,079	\$0	\$0	\$99,032,703	0.7370	\$15,077,712	0.8492
		Non-Dual	\$241,972,815	\$251,813,444	\$432,381	\$0	\$0	\$252,245,824	1.0425	\$46,398,980	1.2342
	Personal Assistance	N/A	\$2,200,504,637	\$2,268,528,719	\$0	\$0	\$0	\$2,268,528,719	1.0309	\$270,889,275	1.1540
	Other HCBS Waiver	N/A	\$171,285,970	\$194,326,176	\$0	\$0	\$0	\$194,326,176	1.1345	\$36,269,806	1.3463
Total		\$3,621,815,315	\$3,727,375,247	\$2,779,460	\$0	\$0	\$3,730,154,708	1.0299	\$464,523,862	1.1582	

¹Base Encounter Dollars based on CY 2019 CHC Encounter Data with runout through December 31, 2019. Excludes service coordination costs.

²Base financial dollars reflect CY 2019 financial dollars based on Q4 2019 CHC-MCO financial submissions, pulled from MOS/MOP cells and the Subcapitation Payment rows in Report 4 Lag Triangles.

³Based on CHC-MCO Feedback, NFCE costs related to transportation services had been reported as Expanded/Value-added Services (EVAS) from Report #5. These costs will be reclassified as a covered services and have been included with the Base Financial Dollars. All other EVAS dollars from Report #5 from the Q4 2019 CHC-MCO financial submissions were not included as these claims are not considered in capitation rate development.

⁴Financial Dollars do not include In-Lieu Of Services (ILOS) from Report #5 in Q4 2019 CHC-MCO financial submissions as none were reported to date.

3

CAPITATION RATE DEVELOPMENT

Mercer will make adjustments to the base data summarized in Section 5 in order to develop the CY 2021 CHC capitation rates. These adjustments are required by Centers for Medicare and Medicaid Services (CMS) in determining actuarially sound rates for Medicaid managed care programs.

Below is a list of adjustments and programmatic changes (not necessarily all-inclusive) that may be applied during the rate-setting process. These adjustments have **not** been reflected in the databook summaries in Section 5:

1. Mercer will consider data from both CY 2017 and/or CY 2018 historical time periods as described in the FFS databook dated April 24, 2020 and the CY 2019 time period as described in this databook (as available for each rating region) to create the CY 2021 capitation rates. The available data sources will each be adjusted and projected to reflect the CY 2021 rating period and will then be blended to arrive at the final capitation rates.
2. Mercer will project costs and utilization as part of the rate development process. The trends used to project these costs will be based on historical FFS claims, PH encounter data and CHC program financial reports and encounter data. In addition, Mercer will consider cost and utilization trends experienced by other managed care programs within the Commonwealth and national trend indices. Cost and utilization will be trended to the midpoint of the rating period.
3. Mercer may adjust data sources for programmatic changes. The Programmatic Changes Chart in Section 4 describes the programmatic changes considered in the previous capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the current rate development process. Programmatic changes may reflect:
 - A. Those that occurred during the historical data time period (January 2017 through December 2019) and are not fully reflected in the data.
 - B. Those that occurred after the historical time period.
4. Mercer may make adjustments to reflect expectations for enhancements in care management under a managed care delivery system, as compared to historical FFS.
5. Mercer may make upward adjustments, as appropriate, to reflect expectations of the CHC-MCOs related to certain payments to NFs (e.g., Appendix 4 amounts from the Agreement).

6. Mercer may make adjustments to reflect provider payment requirements included in the Agreement.
7. Mercer will develop and apply assumptions during the capitation rate development process to include consideration for the CHC-MCOs administrative and care management responsibilities under the Agreement. This will include consideration for underwriting gain, as well as any applicable taxes and fees.
8. Mercer will make an adjustment to reflect enrollment patterns for the HCBS Waiver and NF populations that have occurred since the historical data time periods. An adjustment for prospective changes in the mix between NF and HCBS Waiver individuals may be made as well.

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PROGRAMMATIC CHANGES CHART

Table 6 describes the programmatic changes previously considered in the capitation rate range development process. This Programmatic Changes Chart may differ from actual programmatic changes applied during the rate development process.

TABLE 6: PROGRAMMATIC CHANGES CHART

ADJUSTMENT	EFFECTIVE DATE	RATE CELL	COS
Ambulance Fee Schedule Increase — Adjustment to reflect minimum fee schedule for select ambulance services.	January 1, 2019	All Rate Cells	Ambulance
Appendix 4 NF Access to Care Payments — Supplemental funding for Medicaid NF services to ensure quality of, and enhance access for, CHC enrollees.	January 1, 2018	NFCE Rate Cells	Total Capitation Rate
Change in Medicare Part B Deductible — Adjustment to account for increase in Medicaid liability due to change in the Medicare Part B deductible, since Medicaid pays for these amounts for duals.	January 1, 2018	NFCE and NFI Duals	All Medical Services except: Dental, Hospice, Inpatient, NF, Pharmacy and Vision
Eligibility Mapping Adjustment — Adjustment to account for observed differences in rate cell mapping between OLTL capitation payment data and rate cell mapping logic described in the Agreement language.	January 1, 2020	All Rate Cells	Total Capitation Rate
Eligibility Mix Changes — Adjustment to reflect the anticipated NF and HCBS enrollment mix within the NFCE rate cells based on historically observed patterns prior to CHC implementation.	January 1, 2018	NFCE Rate Cells	Total Capitation Rate
MCO Assessment — Includes a factor of 1.0096 to account for differences between member months (MMs) and person counts.	January 1, 2018	All Rate Cells	Total Capitation Rate
Personal Assistance Agency Increase — Adjustment to account for increase in the fee schedule rates for personal assistance agency services by 2%.	January 1, 2020	All Rate Cells	Personal Assistance

ADJUSTMENT	EFFECTIVE DATE	RATE CELL	COS
Personal Assistance Consumer Directed Unit Cost Increase — Adjustment to increase the fee schedule rates for personal assistance consumer-directed services by \$0.28 per hour as well as by \$0.42 per hour for the overtime fee schedule rates.	January 1, 2020	All Rate Cells	Personal Assistance
Residential Habilitation Unit and Fee Change — Adjustment to account for the modified definition of a residential habilitation day unit to be based on a minimum of eight hours of support within the home, rather than the current 12-hour definition, and increasing the fee schedule rate for residential habilitation units to include consideration for a 3% Vacancy Factor.	January 1, 2020	All Rate Cells	Residential Habilitation

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DATA SUMMARIES

Data summaries for the CY 2019 historical time period is summarized by rating region, age group, population group and COS. Each summary contains the following information:

- **Rating Region:** Data for each rating region are shown separately.
- **Age Group:** The data are summarized separately for two age bands: Ages 21–59 and Ages 60 and older.
- **Time Period:** Tables are provided for the CY 2019 time period.
- **CHC Eligible Population Group:** For each age group, the data are summarized into five population groups. As mentioned previously, these groupings differ from the rate cells that will be used to process capitation payments.
- **MMs:** Number of total months that all individuals within the population group were eligible during the historical time period.
- **COS:** As outlined in Section 1, this includes all covered services outlined in the Agreement as observed in the historical data.
- **Per Member Per Month Costs:** PMPM costs are calculated by taking the historical Medicaid claims expense for a given COS and dividing that total claims expense by the corresponding MMs.
- **Unit Cost:** Represents the average cost per unit of each COS; this is calculated by taking the total claims expense and dividing by the total utilization amount.
- **Utilization Per 1,000:** Calculated as the total utilization for each service divided by total MMs multiplied by 12,000.

Rating Region	Southwest - Allegheny
Age Group	21-59
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,346			13,237			2,187			13,286			112,413			143,469		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 4.55	\$ 41.53	1,314	\$ 1.29	\$ 37.25	416	\$ 50.03	\$ 190.75	3,147	\$ 24.96	\$ 230.76	1,298	\$ 0.43	\$ 48.04	107	\$ 3.60	\$ 138.75	311
	Dental	\$ 4.30	\$ 30.78	1,676	\$ 3.46	\$ 45.87	905	\$ 12.01	\$ 54.35	2,653	\$ 7.12	\$ 54.82	1,558	\$ 3.87	\$ 50.01	929	\$ 4.26	\$ 50.00	1,023
	DME/Supplies	\$ 35.50	\$ 5.96	71,455	\$ 47.15	\$ 1.03	549,864	\$ 45.36	\$ 7.20	75,620	\$ 197.26	\$ 2.73	865,807	\$ 4.58	\$ 1.70	32,329	\$ 27.48	\$ 2.08	158,561
	Emergency Room	\$ 1.90	\$ 18.43	1,236	\$ 1.70	\$ 11.58	1,759	\$ 25.22	\$ 90.82	3,333	\$ 27.43	\$ 85.22	3,863	\$ 1.60	\$ 13.15	1,459	\$ 4.37	\$ 30.20	1,735
	FQHC/RHC	\$ 0.05	\$ 32.68	18	\$ 0.56	\$ 62.13	108	\$ 0.24	\$ 137.18	21	\$ 12.68	\$ 185.71	819	\$ 0.51	\$ 69.95	88	\$ 1.63	\$ 125.94	156
	Home Health	\$ 0.56	\$ 184.71	36	\$ 4.37	\$ 15.81	3,314	\$ 33.90	\$ 70.99	5,731	\$ 80.88	\$ 70.29	13,809	\$ 0.45	\$ 26.35	207	\$ 8.77	\$ 57.40	1,834
	Hospice	\$ 0.01	\$ 0.58	301	\$ 0.01	\$ 4.33	30	\$ 64.68	\$ 187.93	4,130	\$ 3.40	\$ 572.95	71	\$ 0.00	\$ 0.36	43	\$ 1.30	\$ 141.47	111
	Inpatient	\$ 72.99	\$ 250.99	3,490	\$ 51.30	\$ 241.59	2,548	\$ 1,202.23	\$ 1,879.44	7,676	\$ 718.23	\$ 2,094.38	4,115	\$ 20.51	\$ 243.75	1,010	\$ 106.84	\$ 810.70	1,581
	Laboratory/Radiology	\$ 5.24	\$ 3.57	17,630	\$ 7.29	\$ 3.42	25,585	\$ 77.92	\$ 18.18	51,424	\$ 75.44	\$ 22.00	41,154	\$ 5.23	\$ 4.15	15,126	\$ 13.03	\$ 8.19	19,095
	Nursing Facility	\$ 4,804.91	\$ 170.88	337,416	\$ 27.88	\$ 169.03	1,979	\$ 5,318.24	\$ 193.61	329,623	\$ 45.44	\$ 187.21	2,912	\$ 5.81	\$ 174.71	399	\$ 171.00	\$ 181.45	11,309
	Other Medical	\$ 2.88	\$ 1.92	17,992	\$ 5.92	\$ 2.75	25,851	\$ 30.53	\$ 14.71	24,911	\$ 38.64	\$ 21.44	21,623	\$ 3.27	\$ 3.17	12,380	\$ 7.20	\$ 5.85	14,762
	Outpatient	\$ 19.61	\$ 10.18	23,121	\$ 16.68	\$ 15.51	12,904	\$ 139.07	\$ 220.57	7,566	\$ 102.34	\$ 138.93	8,839	\$ 6.22	\$ 14.62	5,104	\$ 18.33	\$ 33.83	6,502
	Pharmacy	\$ 5.83	\$ 11.04	6,342	\$ 20.87	\$ 28.20	8,880	\$ 886.99	\$ 83.98	126,738	\$ 826.45	\$ 121.50	81,624	\$ 10.76	\$ 23.38	5,523	\$ 100.51	\$ 81.81	14,741
	Physician	\$ 24.40	\$ 5.85	50,057	\$ 14.37	\$ 4.28	40,249	\$ 225.82	\$ 30.61	88,533	\$ 115.67	\$ 37.62	36,900	\$ 8.82	\$ 5.39	19,614	\$ 22.79	\$ 11.09	24,667
	Vision	\$ 0.31	\$ 15.49	241	\$ 0.98	\$ 18.15	645	\$ 3.46	\$ 41.64	996	\$ 3.39	\$ 34.44	1,180	\$ 0.73	\$ 20.04	439	\$ 1.04	\$ 23.37	532
Medical Services Subtotal		\$ 4,983.04	N/A	N/A	\$ 203.79	N/A	N/A	\$ 8,115.71	N/A	N/A	\$ 2,279.31	N/A	N/A	\$ 72.79	NA	N/A	\$ 492.14	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 14.99	\$ 46.78	3,846	\$ -	\$ -	-	\$ 8.04	\$ 40.76	2,366	\$ -	\$ -	-	\$ 2.13	\$ 44.48	574
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.25	\$ 9.78	1,536	\$ -	\$ -	-	\$ 0.12	\$ 9.78	142
	Home Health/Therapies	\$ -	\$ -	-	\$ 148.22	\$ 12.58	141,365	\$ -	\$ -	-	\$ 237.96	\$ 11.28	253,242	\$ -	\$ -	-	\$ 35.71	\$ 11.74	36,494
	Other Waiver	\$ 21.71	\$ 106.95	2,436	\$ 48.93	\$ 17.08	34,383	\$ 17.09	\$ 69.13	2,966	\$ 21.88	\$ 17.89	14,676	\$ 0.08	\$ 17.10	56	\$ 7.22	\$ 18.59	4,660
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 51.39	\$ 4.29	143,737	\$ 3,188.69	\$ 4.08	9,381,887	\$ 31.02	\$ 4.18	89,051	\$ 4,079.89	\$ 4.20	11,645,389	\$ 2.37	\$ 3.95	7,193	\$ 675.18	\$ 4.15	1,953,349
	Residential Habilitation	\$ -	\$ -	-	\$ 26.77	\$ 93.77	3,426	\$ -	\$ -	-	\$ 9.25	\$ 71.80	1,547	\$ -	\$ -	-	\$ 3.33	\$ 86.92	459
	Respite	\$ -	\$ -	-	\$ 0.10	\$ 2.83	406	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 2.83	37
	Vendor Services	\$ 15.98	\$ 90.72	2,114	\$ 121.41	\$ 11.98	121,579	\$ 22.72	\$ 66.33	4,109	\$ 97.38	\$ 10.56	110,625	\$ 0.07	\$ 7.25	109	\$ 20.88	\$ 11.58	21,644
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 2.51	\$ 4.23	7,142	\$ 0.01	\$ 10.10	13	\$ 2.21	\$ 8.39	3,165	\$ -	\$ -	-	\$ 0.44	\$ 5.51	952
	HCBS Waiver Services Subtotal		\$ 89.08	N/A	N/A	\$ 3,551.62	N/A	N/A	\$ 70.83	N/A	N/A	\$ 4,457.86	N/A	N/A	\$ 2.52	N/A	N/A	\$ 745.00	N/A
Total Services		\$ 5,072.12	N/A	N/A	\$ 3,755.41	N/A	N/A	\$ 8,186.54	N/A	N/A	\$ 6,737.17	N/A	N/A	\$ 75.30	N/A	N/A	\$ 1,237.14	N/A	N/A

Rating Region	Southwest - Allegheny
Age Group	60+
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		40,034			40,138			1,934			8,639			141,129			231,874		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 2.13	\$ 30.88	829	\$ 1.26	\$ 39.62	381	\$ 42.12	\$ 138.66	3,645	\$ 23.02	\$ 201.76	1,369	\$ 0.41	\$ 42.86	114	\$ 2.04	\$ 68.12	360
	Dental	\$ 3.12	\$ 46.44	806	\$ 2.58	\$ 60.18	514	\$ 7.51	\$ 57.97	1,555	\$ 6.70	\$ 72.16	1,114	\$ 1.97	\$ 46.73	505	\$ 2.49	\$ 50.73	590
	DME/Supplies	\$ 5.85	\$ 3.91	17,953	\$ 51.00	\$ 0.75	811,973	\$ 69.84	\$ 20.09	41,716	\$ 105.49	\$ 1.82	695,567	\$ 7.10	\$ 1.10	77,134	\$ 18.67	\$ 1.03	216,866
	Emergency Room	\$ 0.33	\$ 9.74	405	\$ 1.14	\$ 11.00	1,247	\$ 17.52	\$ 88.41	2,378	\$ 21.18	\$ 80.65	3,151	\$ 0.78	\$ 11.27	829	\$ 1.66	\$ 21.52	928
	FQHC/RHC	\$ 0.04	\$ 69.29	8	\$ 1.40	\$ 75.35	223	\$ 0.11	\$ 168.71	8	\$ 18.63	\$ 181.98	1,228	\$ 0.56	\$ 67.45	100	\$ 1.29	\$ 105.29	147
	Home Health	\$ 0.09	\$ 14.71	77	\$ 1.19	\$ 5.72	2,491	\$ 13.86	\$ 92.26	1,803	\$ 60.08	\$ 85.47	8,436	\$ 0.45	\$ 17.63	309	\$ 2.85	\$ 35.58	962
	Hospice	\$ 0.63	\$ 13.83	549	\$ 0.30	\$ 32.04	111	\$ 54.62	\$ 282.98	2,316	\$ 15.74	\$ 202.20	934	\$ 0.14	\$ 54.02	32	\$ 1.29	\$ 82.55	188
	Inpatient	\$ 25.40	\$ 186.36	1,636	\$ 48.38	\$ 223.29	2,600	\$ 816.72	\$ 1,890.40	5,184	\$ 498.57	\$ 2,114.62	2,829	\$ 31.80	\$ 299.40	1,275	\$ 57.51	\$ 416.47	1,657
	Laboratory/Radiology	\$ 2.31	\$ 3.58	7,733	\$ 5.83	\$ 2.77	25,253	\$ 56.23	\$ 14.17	47,608	\$ 67.85	\$ 21.69	37,537	\$ 4.92	\$ 3.72	15,902	\$ 7.40	\$ 5.17	17,181
	Nursing Facility	\$ 4,812.99	\$ 165.89	348,149	\$ 60.81	\$ 166.35	4,387	\$ 5,624.96	\$ 190.00	355,262	\$ 49.95	\$ 185.44	3,232	\$ 43.03	\$ 183.96	2,807	\$ 916.47	\$ 167.49	65,660
	Other Medical	\$ 1.36	\$ 1.91	8,507	\$ 4.28	\$ 2.91	17,656	\$ 26.81	\$ 22.25	14,457	\$ 25.41	\$ 20.61	14,790	\$ 3.50	\$ 3.29	12,787	\$ 4.28	\$ 3.95	12,980
	Outpatient	\$ 5.52	\$ 15.15	4,369	\$ 10.50	\$ 15.03	8,387	\$ 146.98	\$ 83.03	21,243	\$ 92.15	\$ 304.79	3,628	\$ 4.70	\$ 21.21	2,657	\$ 10.29	\$ 29.86	4,135
	Pharmacy	\$ 2.84	\$ 5.37	6,338	\$ 14.57	\$ 20.76	8,425	\$ 364.95	\$ 42.91	102,064	\$ 521.70	\$ 78.93	79,315	\$ 9.12	\$ 20.24	5,407	\$ 31.04	\$ 38.60	9,650
	Physician	\$ 8.36	\$ 5.38	18,651	\$ 11.30	\$ 5.24	25,901	\$ 163.96	\$ 33.02	59,594	\$ 94.25	\$ 36.82	30,716	\$ 9.63	\$ 5.83	19,812	\$ 14.14	\$ 7.93	21,404
	Vision	\$ 0.22	\$ 13.72	195	\$ 0.86	\$ 15.10	682	\$ 2.35	\$ 38.11	738	\$ 4.21	\$ 38.13	1,324	\$ 0.93	\$ 16.39	683	\$ 0.93	\$ 17.94	623
Medical Services Subtotal		\$ 4,871.20	N/A	N/A	\$ 215.39	N/A	N/A	\$ 7,408.54	N/A	N/A	\$ 1,604.92	N/A	N/A	\$ 119.06	N/A	N/A	\$ 1,072.36	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 13.64	\$ 70.81	2,312	\$ -	\$ -	-	\$ 0.60	\$ 45.01	159	\$ -	\$ -	-	\$ 2.38	\$ 70.43	406
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ 0.00	\$ 11.02	3	\$ 21.51	\$ 12.15	21,242	\$ -	\$ -	-	\$ 23.50	\$ 11.08	25,444	\$ 0.00	\$ 11.02	1	\$ 4.60	\$ 11.93	4,626
	Other Waiver	\$ 7.77	\$ 138.11	675	\$ 7.24	\$ 25.24	3,443	\$ 8.71	\$ 75.62	1,382	\$ 9.84	\$ 26.69	4,422	\$ 0.62	\$ 82.58	90	\$ 3.41	\$ 43.38	944
	PDS/FMS	\$ -	\$ -	-	\$ 0.30	\$ 86.94	42	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.05	\$ 86.94	7
	Personal Assistance	\$ 8.64	\$ 4.09	25,354	\$ 3,511.24	\$ 4.24	9,928,337	\$ 35.47	\$ 4.33	98,295	\$ 4,816.59	\$ 4.27	13,549,526	\$ 5.99	\$ 4.11	17,473	\$ 792.70	\$ 4.25	2,239,299
	Residential Habilitation	\$ -	\$ -	-	\$ 2.33	\$ 247.67	113	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.40	\$ 247.67	20
	Respite	\$ -	\$ -	-	\$ 0.60	\$ 4.25	1,685	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.10	\$ 4.25	292
	Vendor Services	\$ 2.14	\$ 26.05	987	\$ 130.63	\$ 9.31	168,294	\$ 7.73	\$ 16.68	5,564	\$ 72.27	\$ 10.03	86,473	\$ 0.21	\$ 8.26	303	\$ 25.87	\$ 9.48	32,755
	Waiver DME/Supplies	\$ 0.01	\$ 12.26	12	\$ 4.58	\$ 5.37	10,228	\$ -	\$ -	-	\$ 2.67	\$ 8.66	3,692	\$ 0.01	\$ 77.72	2	\$ 0.90	\$ 5.66	1,911
	HCBS Waiver Services Subtotal		\$ 18.57	N/A	N/A	\$ 3,692.07	N/A	N/A	\$ 51.91	N/A	N/A	\$ 4,925.46	N/A	N/A	\$ 6.83	N/A	N/A	\$ 830.42	N/A
Total Services		\$ 4,889.77	N/A	N/A	\$ 3,907.46	N/A	N/A	\$ 7,460.45	N/A	N/A	\$ 6,530.37	N/A	N/A	\$ 125.89	N/A	N/A	\$ 1,902.79	N/A	N/A

Rating Region	Southwest - 13 Counties
Age Group	21-59
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		4,208			20,849			3,357			13,954			204,131			246,499		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 5.54	\$ 30.50	2,178	\$ 2.23	\$ 38.32	698	\$ 58.02	\$ 200.70	3,469	\$ 35.99	\$ 264.95	1,630	\$ 0.72	\$ 52.94	162	\$ 3.70	\$ 120.06	370
	Dental	\$ 7.93	\$ 66.05	1,441	\$ 4.85	\$ 52.38	1,110	\$ 10.88	\$ 71.34	1,829	\$ 11.01	\$ 66.22	1,995	\$ 5.26	\$ 53.25	1,185	\$ 5.67	\$ 54.99	1,237
	DME/Supplies	\$ 30.20	\$ 2.16	167,404	\$ 50.81	\$ 0.99	613,199	\$ 119.18	\$ 21.05	67,945	\$ 284.00	\$ 3.50	973,701	\$ 5.20	\$ 1.55	40,324	\$ 26.82	\$ 2.23	144,160
	Emergency Room	\$ 0.98	\$ 7.91	1,492	\$ 1.39	\$ 9.89	1,687	\$ 26.94	\$ 94.80	3,410	\$ 33.34	\$ 89.70	4,460	\$ 1.23	\$ 11.44	1,288	\$ 3.41	\$ 26.65	1,533
	FQHC/RHC	\$ 0.23	\$ 53.41	51	\$ 1.19	\$ 52.72	272	\$ 0.92	\$ 129.33	86	\$ 3.83	\$ 141.16	326	\$ 1.07	\$ 54.74	235	\$ 1.22	\$ 61.60	238
	Home Health	\$ 0.13	\$ 23.83	67	\$ 3.52	\$ 29.13	1,449	\$ 24.38	\$ 76.73	3,812	\$ 92.73	\$ 67.23	16,551	\$ 0.94	\$ 59.96	189	\$ 6.66	\$ 63.00	1,269
	Hospice	\$ 0.12	\$ 5.74	249	\$ 0.01	\$ 5.95	19	\$ 49.47	\$ 206.33	2,877	\$ 11.82	\$ 196.90	720	\$ 0.00	\$ 1.54	16	\$ 1.35	\$ 162.59	99
	Inpatient	\$ 39.83	\$ 135.30	3,533	\$ 39.24	\$ 193.10	2,438	\$ 1,411.85	\$ 2,040.68	8,302	\$ 650.07	\$ 1,822.92	4,279	\$ 14.49	\$ 223.39	778	\$ 72.02	\$ 682.46	1,266
	Laboratory/Radiology	\$ 5.20	\$ 2.55	24,459	\$ 6.37	\$ 3.12	24,491	\$ 81.19	\$ 13.29	73,311	\$ 91.92	\$ 19.54	56,435	\$ 4.77	\$ 1.85	31,000	\$ 10.89	\$ 4.04	32,354
	Nursing Facility	\$ 4,780.67	\$ 175.38	327,104	\$ 24.44	\$ 176.96	1,657	\$ 5,194.31	\$ 200.49	310,904	\$ 93.73	\$ 201.77	5,575	\$ 4.73	\$ 179.26	316	\$ 163.64	\$ 186.38	10,536
	Other Medical	\$ 6.30	\$ 4.09	18,465	\$ 5.70	\$ 2.84	24,147	\$ 32.22	\$ 15.16	25,512	\$ 49.13	\$ 20.67	28,515	\$ 3.72	\$ 3.54	12,600	\$ 6.89	\$ 5.61	14,753
	Outpatient	\$ 18.80	\$ 15.92	14,170	\$ 10.98	\$ 23.74	5,552	\$ 120.11	\$ 277.94	5,186	\$ 104.81	\$ 327.87	3,836	\$ 5.27	\$ 17.32	3,649	\$ 13.18	\$ 39.33	4,021
	Pharmacy	\$ 6.66	\$ 6.77	11,820	\$ 26.31	\$ 35.65	8,858	\$ 674.19	\$ 57.63	140,373	\$ 826.87	\$ 105.99	93,617	\$ 14.54	\$ 30.22	5,772	\$ 70.37	\$ 65.24	12,942
	Physician	\$ 15.73	\$ 3.76	50,245	\$ 13.29	\$ 3.53	45,225	\$ 211.43	\$ 28.10	90,304	\$ 137.27	\$ 33.97	48,498	\$ 9.45	\$ 5.60	20,243	\$ 19.87	\$ 9.38	25,422
	Vision	\$ 0.40	\$ 11.81	408	\$ 0.81	\$ 18.25	531	\$ 1.78	\$ 31.54	678	\$ 4.06	\$ 34.68	1,406	\$ 0.86	\$ 21.45	480	\$ 1.04	\$ 23.19	538
Medical Services Subtotal		\$ 4,918.73	N/A	N/A	\$ 191.14	N/A	N/A	\$ 8,016.87	N/A	N/A	\$ 2,430.58	N/A	N/A	\$ 72.25	NA	N/A	\$ 406.73	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 27.68	\$ 29.15	11,392	\$ -	\$ -	-	\$ 22.28	\$ 29.86	8,954	\$ -	\$ -	-	\$ 3.60	\$ 29.40	1,470
	Employment	\$ -	\$ -	-	\$ 12.34	\$ 7.51	19,728	\$ -	\$ -	-	\$ 13.96	\$ 6.26	26,751	\$ -	\$ -	-	\$ 1.83	\$ 6.92	3,183
	Home Health/Therapies	\$ -	\$ -	-	\$ 440.40	\$ 11.36	465,292	\$ 7.47	\$ 11.47	7,813	\$ 575.03	\$ 11.62	594,091	\$ -	\$ -	-	\$ 69.90	\$ 11.48	73,092
	Other Waiver	\$ 18.73	\$ 86.96	2,584	\$ 22.31	\$ 26.11	10,251	\$ 25.25	\$ 133.03	2,278	\$ 14.01	\$ 23.26	7,230	\$ 0.24	\$ 46.48	63	\$ 3.54	\$ 30.31	1,403
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 1.83	\$ 69.85	315	\$ -	\$ -	-	\$ 0.10	\$ 69.85	18
	Personal Assistance	\$ 21.02	\$ 4.27	59,090	\$ 3,040.31	\$ 4.03	9,049,051	\$ 18.23	\$ 4.42	49,477	\$ 2,965.99	\$ 4.09	8,702,097	\$ 2.04	\$ 4.28	5,729	\$ 427.35	\$ 4.06	1,264,415
	Residential Habilitation	\$ -	\$ -	-	\$ 47.42	\$ 39.94	14,246	\$ -	\$ -	-	\$ 36.72	\$ 56.66	7,778	\$ -	\$ -	-	\$ 6.09	\$ 44.41	1,645
	Respite	\$ -	\$ -	-	\$ 0.21	\$ 4.31	585	\$ -	\$ -	-	\$ 0.07	\$ 3.62	228	\$ -	\$ -	-	\$ 0.02	\$ 4.17	62
	Vendor Services	\$ 9.51	\$ 58.78	1,942	\$ 170.24	\$ 16.25	125,686	\$ 13.88	\$ 36.39	4,578	\$ 159.24	\$ 13.01	146,933	\$ 0.08	\$ 6.51	145	\$ 23.83	\$ 14.92	19,164
	Waiver DME/Supplies	\$ 0.10	\$ 50.77	24	\$ 3.78	\$ 5.27	8,595	\$ -	\$ -	-	\$ 4.30	\$ 6.48	7,950	\$ 0.00	\$ 5.00	0	\$ 0.56	\$ 5.75	1,178
	HCBS Waiver Services Subtotal		\$ 49.36	N/A	N/A	\$ 3,764.68	N/A	N/A	\$ 64.84	N/A	N/A	\$ 3,793.44	N/A	N/A	\$ 2.36	N/A	N/A	\$ 536.84	N/A
Total Services		\$ 4,968.09	N/A	N/A	\$ 3,955.82	N/A	N/A	\$ 8,081.71	N/A	N/A	\$ 6,224.01	N/A	N/A	\$ 74.61	N/A	N/A	\$ 943.57	N/A	N/A

Rating Region	Southwest - 13 Counties
Age Group	60+
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		72,117			40,179			2,751			4,449			220,719			340,215		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 2.71	\$ 29.49	1,101	\$ 3.36	\$ 44.94	898	\$ 34.68	\$ 164.87	2,524	\$ 45.93	\$ 270.88	2,035	\$ 0.71	\$ 40.94	207	\$ 2.31	\$ 53.22	521
	Dental	\$ 3.27	\$ 47.78	822	\$ 2.42	\$ 62.33	466	\$ 5.20	\$ 53.66	1,163	\$ 7.39	\$ 70.10	1,264	\$ 2.47	\$ 50.54	588	\$ 2.72	\$ 51.36	636
	DME/Supplies	\$ 5.16	\$ 2.10	29,480	\$ 57.26	\$ 0.68	1,010,576	\$ 21.42	\$ 4.43	57,991	\$ 213.25	\$ 2.87	892,263	\$ 8.53	\$ 1.24	82,540	\$ 16.35	\$ 1.03	191,283
	Emergency Room	\$ 0.39	\$ 8.34	564	\$ 1.21	\$ 9.73	1,487	\$ 15.63	\$ 88.65	2,116	\$ 31.49	\$ 89.12	4,240	\$ 0.69	\$ 10.07	822	\$ 1.21	\$ 16.13	901
	FQHC/RHC	\$ 0.05	\$ 9.87	57	\$ 0.75	\$ 49.04	184	\$ 0.22	\$ 43.04	61	\$ 2.18	\$ 128.17	204	\$ 0.81	\$ 50.13	194	\$ 0.65	\$ 48.28	163
	Home Health	\$ 0.10	\$ 12.34	92	\$ 1.93	\$ 13.79	1,680	\$ 13.95	\$ 71.64	2,337	\$ 114.09	\$ 85.27	16,056	\$ 0.96	\$ 56.63	203	\$ 2.47	\$ 51.32	578
	Hospice	\$ 0.51	\$ 16.15	376	\$ 0.09	\$ 9.50	120	\$ 69.50	\$ 167.95	4,966	\$ 34.77	\$ 410.84	1,016	\$ 0.09	\$ 35.54	31	\$ 1.19	\$ 85.68	167
	Inpatient	\$ 22.32	\$ 171.60	1,561	\$ 48.62	\$ 216.34	2,697	\$ 598.99	\$ 1,628.18	4,415	\$ 756.87	\$ 1,575.92	5,763	\$ 26.14	\$ 281.75	1,113	\$ 42.17	\$ 341.32	1,483
	Laboratory/Radiology	\$ 3.17	\$ 2.50	15,235	\$ 5.77	\$ 2.73	25,353	\$ 58.95	\$ 13.26	53,351	\$ 98.26	\$ 18.46	63,887	\$ 4.90	\$ 3.97	14,785	\$ 6.29	\$ 4.42	17,082
	Nursing Facility	\$ 4,689.69	\$ 162.69	345,920	\$ 82.73	\$ 179.85	5,520	\$ 5,592.61	\$ 194.34	345,338	\$ 187.70	\$ 199.03	11,317	\$ 32.90	\$ 185.85	2,125	\$ 1,072.89	\$ 164.43	78,297
	Other Medical	\$ 2.22	\$ 3.68	7,234	\$ 4.11	\$ 3.18	15,524	\$ 17.22	\$ 15.52	13,316	\$ 58.78	\$ 30.17	23,377	\$ 4.48	\$ 4.17	12,894	\$ 4.77	\$ 4.72	12,145
	Outpatient	\$ 3.83	\$ 29.41	1,563	\$ 11.63	\$ 20.69	6,744	\$ 93.88	\$ 277.72	4,056	\$ 146.91	\$ 348.32	5,061	\$ 4.63	\$ 31.70	1,753	\$ 7.87	\$ 39.95	2,364
	Pharmacy	\$ 5.52	\$ 6.19	10,706	\$ 17.39	\$ 21.57	9,674	\$ 492.30	\$ 49.61	119,074	\$ 846.01	\$ 102.45	99,095	\$ 12.20	\$ 22.48	6,513	\$ 26.18	\$ 31.75	9,896
	Physician	\$ 7.12	\$ 5.07	16,848	\$ 11.45	\$ 5.03	27,316	\$ 142.18	\$ 33.16	51,460	\$ 145.95	\$ 33.83	51,771	\$ 10.13	\$ 5.87	20,705	\$ 12.49	\$ 7.03	21,323
	Vision	\$ 0.34	\$ 12.07	335	\$ 0.72	\$ 14.20	612	\$ 2.08	\$ 29.02	860	\$ 5.56	\$ 35.63	1,871	\$ 0.85	\$ 15.84	644	\$ 0.80	\$ 16.16	592
Medical Services Subtotal		\$ 4,746.39	N/A	N/A	\$ 249.44	N/A	N/A	\$ 7,158.81	N/A	N/A	\$ 2,695.12	N/A	N/A	\$ 110.50	N/A	N/A	\$ 1,200.39	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.03	\$ 75.01	4	\$ 7.95	\$ 44.74	2,131	\$ -	\$ -	-	\$ 7.61	\$ 37.65	2,425	\$ -	\$ -	-	\$ 1.04	\$ 44.04	284
	Employment	\$ -	\$ -	-	\$ 1.82	\$ 6.29	3,475	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.22	\$ 6.29	410
	Home Health/Therapies	\$ -	\$ -	-	\$ 61.18	\$ 11.30	64,964	\$ 0.06	\$ 16.55	42	\$ 18.00	\$ 11.40	18,941	\$ 0.11	\$ 10.99	115	\$ 7.53	\$ 11.30	7,995
	Other Waiver	\$ 4.85	\$ 85.02	685	\$ 9.04	\$ 48.16	2,252	\$ 12.37	\$ 111.89	1,326	\$ 1.58	\$ 26.31	722	\$ 0.10	\$ 73.88	16	\$ 2.28	\$ 61.95	441
	PDS/FMS	\$ -	\$ -	-	\$ 18.56	\$ 248.17	897	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 2.19	\$ 248.17	106
	Personal Assistance	\$ 8.63	\$ 4.40	23,530	\$ 2,846.68	\$ 4.25	8,038,015	\$ 6.50	\$ 3.45	22,642	\$ 2,716.04	\$ 4.18	7,790,013	\$ 2.19	\$ 4.16	6,308	\$ 375.01	\$ 4.24	1,060,409
	Residential Habilitation	\$ -	\$ -	-	\$ 6.23	\$ 32.71	2,286	\$ -	\$ -	-	\$ 11.51	\$ 264.15	523	\$ -	\$ -	-	\$ 0.89	\$ 38.43	277
	Respite	\$ -	\$ -	-	\$ 0.78	\$ 4.23	2,212	\$ -	\$ -	-	\$ 1.73	\$ 3.33	6,245	\$ -	\$ -	-	\$ 0.11	\$ 4.02	343
	Vendor Services	\$ 1.82	\$ 27.83	784	\$ 151.52	\$ 9.79	185,815	\$ 4.02	\$ 96.00	502	\$ 132.40	\$ 9.45	168,113	\$ 0.12	\$ 7.05	200	\$ 20.12	\$ 9.88	24,443
	Waiver DME/Supplies	\$ 0.03	\$ 55.78	6	\$ 6.77	\$ 2.28	35,538	\$ -	\$ -	-	\$ 3.98	\$ 20.37	2,343	\$ 0.00	\$ 0.38	21	\$ 0.86	\$ 2.42	4,243
	HCBS Waiver Services Subtotal		\$ 15.35	N/A	N/A	\$ 3,110.52	N/A	N/A	\$ 22.94	N/A	N/A	\$ 2,892.85	N/A	N/A	\$ 2.51	N/A	N/A	\$ 410.24	N/A
Total Services		\$ 4,761.74	N/A	N/A	\$ 3,359.97	N/A	N/A	\$ 7,181.76	N/A	N/A	\$ 5,587.97	N/A	N/A	\$ 113.00	N/A	N/A	\$ 1,610.64	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	21-59
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		2,720			75,822			3,353			123,301			180,512			385,708		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 3.81	\$ 30.42	1,502	\$ 1.49	\$ 92.84	193	\$ 39.25	\$ 187.99	2,506	\$ 15.69	\$ 227.58	827	\$ 0.61	\$ 96.61	76	\$ 5.96	\$ 193.27	370
	Dental	\$ 7.80	\$ 62.64	1,495	\$ 4.55	\$ 55.04	992	\$ 13.47	\$ 55.74	2,900	\$ 8.68	\$ 55.81	1,867	\$ 3.77	\$ 50.72	891	\$ 5.61	\$ 54.04	1,245
	DME/Supplies	\$ 21.80	\$ 2.13	122,948	\$ 16.46	\$ 0.84	235,247	\$ 68.28	\$ 12.17	67,330	\$ 94.13	\$ 2.32	486,929	\$ 2.13	\$ 1.05	24,312	\$ 35.07	\$ 1.96	214,734
	Emergency Room	\$ 1.98	\$ 23.54	1,010	\$ 3.04	\$ 37.11	983	\$ 23.72	\$ 111.47	2,554	\$ 49.04	\$ 159.10	3,699	\$ 2.88	\$ 35.24	982	\$ 17.84	\$ 114.84	1,865
	FQHC/RHC	\$ 0.06	\$ 71.75	11	\$ 2.07	\$ 123.51	201	\$ 1.30	\$ 187.17	83	\$ 14.38	\$ 170.68	1,011	\$ 1.81	\$ 121.98	178	\$ 5.86	\$ 157.44	447
	Home Health	\$ -	\$ -	-	\$ 2.77	\$ 12.86	2,582	\$ 20.58	\$ 104.39	2,365	\$ 41.97	\$ 76.83	6,555	\$ 0.93	\$ 20.88	534	\$ 14.57	\$ 60.86	2,873
	Hospice	\$ 0.07	\$ 9.18	86	\$ 0.00	\$ 9.90	6	\$ 16.29	\$ 149.22	1,310	\$ 5.09	\$ 559.79	109	\$ 0.00	\$ 0.50	15	\$ 1.77	\$ 387.29	55
	Inpatient	\$ 65.53	\$ 394.31	1,994	\$ 34.87	\$ 409.23	1,022	\$ 1,160.88	\$ 2,225.51	6,259	\$ 707.67	\$ 2,739.52	3,100	\$ 14.99	\$ 425.40	423	\$ 250.65	\$ 2,062.55	1,458
	Laboratory/Radiology	\$ 3.76	\$ 3.27	13,777	\$ 6.18	\$ 5.10	14,533	\$ 56.07	\$ 18.74	35,910	\$ 69.05	\$ 26.83	30,882	\$ 4.04	\$ 5.77	8,411	\$ 25.69	\$ 18.06	17,075
	Nursing Facility	\$ 6,708.08	\$ 248.06	324,513	\$ 12.12	\$ 226.42	643	\$ 6,563.52	\$ 235.32	334,697	\$ 27.43	\$ 216.19	1,523	\$ 6.35	\$ 201.36	379	\$ 118.49	\$ 237.44	5,988
	Other Medical	\$ 2.31	\$ 2.19	12,656	\$ 4.75	\$ 7.10	8,016	\$ 21.66	\$ 22.47	11,568	\$ 62.85	\$ 50.69	14,878	\$ 2.63	\$ 7.70	4,090	\$ 22.46	\$ 31.94	8,436
	Outpatient	\$ 7.10	\$ 6.99	12,181	\$ 11.30	\$ 7.43	18,252	\$ 128.80	\$ 34.18	45,218	\$ 147.25	\$ 130.13	13,578	\$ 5.81	\$ 11.55	6,041	\$ 53.18	\$ 56.81	11,235
	Pharmacy	\$ 10.15	\$ 11.13	10,948	\$ 17.71	\$ 33.32	6,377	\$ 652.79	\$ 59.20	132,332	\$ 805.53	\$ 104.25	92,722	\$ 6.89	\$ 26.89	3,075	\$ 269.96	\$ 96.53	33,561
	Physician	\$ 12.54	\$ 4.08	36,925	\$ 10.47	\$ 4.95	25,387	\$ 151.00	\$ 26.80	67,606	\$ 116.59	\$ 23.84	58,681	\$ 6.46	\$ 6.57	11,811	\$ 43.76	\$ 17.43	30,125
	Vision	\$ 1.00	\$ 32.55	370	\$ 0.46	\$ 17.64	315	\$ 2.06	\$ 38.17	648	\$ 2.55	\$ 39.36	776	\$ 0.35	\$ 20.03	211	\$ 1.09	\$ 31.50	417
Medical Services Subtotal		\$ 6,846.00	N/A	N/A	\$ 128.25	N/A	N/A	\$ 8,919.67	N/A	N/A	\$ 2,167.89	N/A	N/A	\$ 59.66	NA	N/A	\$ 871.97	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ -	\$ -	-	\$ 7.10	\$ 47.38	1,799	\$ 0.71	\$ 75.01	113	\$ 3.86	\$ 46.99	986	\$ 0.00	\$ 10.78	1	\$ 2.64	\$ 47.21	670
	Employment	\$ -	\$ -	-	\$ 0.03	\$ 9.20	34	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.01	\$ 9.20	7
	Home Health/Therapies	\$ 3.72	\$ 11.02	4,053	\$ 105.16	\$ 11.08	113,862	\$ 26.75	\$ 11.00	29,170	\$ 100.67	\$ 11.34	106,501	\$ 0.01	\$ 16.55	11	\$ 53.12	\$ 11.24	56,716
	Other Waiver	\$ 7.14	\$ 246.16	348	\$ 26.28	\$ 29.64	10,639	\$ 9.79	\$ 78.07	1,505	\$ 31.07	\$ 77.91	4,786	\$ 0.12	\$ 37.38	39	\$ 15.29	\$ 50.20	3,655
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 50.46	\$ 4.88	124,088	\$ 4,388.07	\$ 4.74	11,108,804	\$ 78.99	\$ 4.83	196,218	\$ 4,301.13	\$ 4.78	10,803,863	\$ 16.14	\$ 4.65	41,652	\$ 2,246.15	\$ 4.76	5,659,543
	Residential Habilitation	\$ -	\$ -	-	\$ 3.14	\$ 99.25	380	\$ 3.62	\$ 264.15	164	\$ 5.94	\$ 49.41	1,443	\$ -	\$ -	-	\$ 2.55	\$ 56.90	537
	Respite	\$ -	\$ -	-	\$ 0.10	\$ 4.69	262	\$ -	\$ -	-	\$ 0.07	\$ 4.78	176	\$ -	\$ -	-	\$ 0.04	\$ 4.74	108
	Vendor Services	\$ 1.73	\$ 22.33	931	\$ 47.50	\$ 14.73	38,707	\$ 8.22	\$ 119.33	827	\$ 49.05	\$ 12.22	48,170	\$ 0.19	\$ 10.18	227	\$ 25.19	\$ 13.07	23,127
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.13	\$ 153.40	10	\$ -	\$ -	-	\$ 0.36	\$ 391.77	11	\$ -	\$ -	-	\$ 0.14	\$ 304.75	6
	HCBS Waiver Services Subtotal		\$ 63.06	N/A	N/A	\$ 4,577.51	N/A	N/A	\$ 128.08	N/A	N/A	\$ 4,492.16	N/A	N/A	\$ 16.47	N/A	N/A	\$ 2,345.13	N/A
Total Services		\$ 6,909.06	N/A	N/A	\$ 4,705.76	N/A	N/A	\$ 9,047.75	N/A	N/A	\$ 6,660.05	N/A	N/A	\$ 76.13	N/A	N/A	\$ 3,217.11	N/A	N/A

Rating Region	Southeast - Philadelphia
Age Group	60+
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		38,168			260,858			3,990			49,957			365,219			718,191		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 2.47	\$ 49.16	602	\$ 1.70	\$ 122.15	167	\$ 28.16	\$ 158.56	2,131	\$ 16.51	\$ 240.47	824	\$ 0.65	\$ 135.44	58	\$ 2.38	\$ 149.71	191
	Dental	\$ 8.70	\$ 76.36	1,367	\$ 3.48	\$ 64.40	648	\$ 15.21	\$ 81.96	2,227	\$ 7.78	\$ 64.32	1,451	\$ 2.90	\$ 58.87	590	\$ 3.82	\$ 63.59	722
	DME/Supplies	\$ 3.69	\$ 1.43	30,889	\$ 32.38	\$ 0.66	590,140	\$ 39.04	\$ 10.85	43,172	\$ 65.40	\$ 1.67	469,317	\$ 4.66	\$ 0.71	78,538	\$ 19.09	\$ 0.79	288,813
	Emergency Room	\$ 0.66	\$ 17.65	445	\$ 2.52	\$ 47.25	640	\$ 17.07	\$ 98.12	2,087	\$ 31.87	\$ 146.10	2,618	\$ 2.03	\$ 45.30	539	\$ 4.30	\$ 71.23	724
	FQHC/RHC	\$ 0.02	\$ 90.45	3	\$ 1.90	\$ 121.13	188	\$ 0.06	\$ 63.91	11	\$ 14.80	\$ 167.40	1,061	\$ 1.88	\$ 116.13	194	\$ 2.68	\$ 133.22	241
	Home Health	\$ 0.26	\$ 32.09	96	\$ 2.74	\$ 26.13	1,257	\$ 2.42	\$ 39.10	744	\$ 43.81	\$ 82.28	6,390	\$ 0.93	\$ 29.57	377	\$ 4.54	\$ 49.45	1,102
	Hospice	\$ 0.08	\$ 7.47	136	\$ 0.29	\$ 154.98	22	\$ 39.78	\$ 166.92	2,860	\$ 10.53	\$ 480.10	263	\$ 0.04	\$ 60.39	9	\$ 1.09	\$ 241.37	54
	Inpatient	\$ 27.54	\$ 321.28	1,029	\$ 53.86	\$ 572.00	1,130	\$ 969.91	\$ 2,453.12	4,745	\$ 764.68	\$ 2,732.91	3,358	\$ 29.34	\$ 635.91	554	\$ 94.52	\$ 1,126.96	1,007
	Laboratory/Radiology	\$ 1.58	\$ 3.04	6,237	\$ 6.85	\$ 7.60	10,816	\$ 47.27	\$ 17.14	33,090	\$ 66.61	\$ 26.13	30,595	\$ 5.19	\$ 8.33	7,476	\$ 10.11	\$ 11.69	10,374
	Nursing Facility	\$ 5,215.34	\$ 179.11	349,419	\$ 23.41	\$ 187.23	1,500	\$ 6,053.32	\$ 208.27	348,778	\$ 43.03	\$ 217.59	2,373	\$ 37.74	\$ 199.24	2,273	\$ 341.49	\$ 183.16	22,374
	Other Medical	\$ 1.14	\$ 3.00	4,550	\$ 7.49	\$ 13.34	6,737	\$ 32.00	\$ 37.90	10,133	\$ 62.34	\$ 48.32	15,482	\$ 5.98	\$ 15.42	4,654	\$ 10.34	\$ 20.04	6,188
	Outpatient	\$ 4.39	\$ 13.87	3,797	\$ 9.38	\$ 14.46	7,789	\$ 96.96	\$ 38.85	29,951	\$ 138.15	\$ 100.87	16,435	\$ 5.54	\$ 24.84	2,676	\$ 16.61	\$ 34.95	5,701
	Pharmacy	\$ 3.18	\$ 4.93	7,734	\$ 16.58	\$ 23.96	8,304	\$ 510.07	\$ 51.10	119,790	\$ 684.52	\$ 86.93	94,492	\$ 8.94	\$ 29.73	3,606	\$ 61.18	\$ 58.74	12,499
	Physician	\$ 5.94	\$ 5.09	14,010	\$ 11.57	\$ 8.11	17,134	\$ 123.99	\$ 35.10	42,392	\$ 117.78	\$ 23.74	59,545	\$ 8.69	\$ 8.73	11,947	\$ 17.82	\$ 12.28	17,421
	Vision	\$ 0.51	\$ 19.88	305	\$ 0.72	\$ 18.51	464	\$ 2.20	\$ 36.30	729	\$ 3.44	\$ 39.01	1,058	\$ 0.67	\$ 19.38	417	\$ 0.88	\$ 22.28	474
Medical Services Subtotal		\$ 5,275.47	N/A	N/A	\$ 174.87	N/A	N/A	\$ 7,977.46	N/A	N/A	\$ 2,071.24	N/A	N/A	\$ 115.17	N/A	N/A	\$ 590.85	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.06	\$ 75.01	9	\$ 159.13	\$ 62.88	30,369	\$ -	\$ -	-	\$ 41.82	\$ 59.47	8,438	\$ 0.33	\$ 61.32	66	\$ 60.88	\$ 62.70	11,651
	Employment	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Home Health/Therapies	\$ -	\$ -	-	\$ 15.03	\$ 10.77	16,740	\$ 0.10	\$ 3.67	311	\$ 9.73	\$ 11.27	10,366	\$ 0.11	\$ 11.02	121	\$ 6.19	\$ 10.83	6,865
	Other Waiver	\$ 1.26	\$ 57.71	262	\$ 46.78	\$ 32.90	17,061	\$ 2.87	\$ 48.98	704	\$ 42.01	\$ 74.43	6,773	\$ 0.18	\$ 45.06	49	\$ 20.09	\$ 35.92	6,711
	PDS/FMS	\$ -	\$ -	-	\$ 0.26	\$ 184.33	17	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.10	\$ 184.33	6
	Personal Assistance	\$ 14.33	\$ 4.85	35,451	\$ 3,814.68	\$ 4.78	9,577,821	\$ 62.25	\$ 4.76	156,938	\$ 4,071.84	\$ 4.78	10,229,915	\$ 10.98	\$ 4.49	29,363	\$ 1,675.47	\$ 4.78	4,208,073
	Residential Habilitation	\$ 0.31	\$ 264.15	14	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.65	\$ 195.84	40	\$ -	\$ -	-	\$ 0.06	\$ 210.24	4
	Respite	\$ 0.12	\$ 2.12	653	\$ 2.54	\$ 4.30	7,089	\$ -	\$ -	-	\$ 0.02	\$ 4.78	55	\$ -	\$ -	-	\$ 0.93	\$ 4.27	2,613
	Vendor Services	\$ 1.57	\$ 22.65	832	\$ 99.29	\$ 10.19	116,926	\$ 12.61	\$ 71.14	2,128	\$ 74.57	\$ 9.62	93,020	\$ 0.29	\$ 8.93	385	\$ 41.55	\$ 10.14	49,191
	Waiver DME/Supplies	\$ 0.01	\$ 195.00	1	\$ 0.75	\$ 38.48	235	\$ -	\$ -	-	\$ 0.52	\$ 148.03	42	\$ -	\$ -	0	\$ 0.31	\$ 42.19	88
	HCBS Waiver Services Subtotal		\$ 17.65	N/A	N/A	\$ 4,138.46	N/A	N/A	\$ 77.83	N/A	N/A	\$ 4,241.17	N/A	N/A	\$ 11.90	N/A	N/A	\$ 1,805.58	N/A
Total Services		\$ 5,293.12	N/A	N/A	\$ 4,313.33	N/A	N/A	\$ 8,055.29	N/A	N/A	\$ 6,312.40	N/A	N/A	\$ 127.07	N/A	N/A	\$ 2,396.43	N/A	N/A

Rating Region	Southeast - 4 Counties
Age Group	21-59
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		5,639			21,208			5,162			17,709			112,855			162,573		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 2.92	\$ 34.12	1,025	\$ 2.17	\$ 114.53	227	\$ 38.79	\$ 152.97	3,043	\$ 21.29	\$ 258.86	987	\$ 0.64	\$ 96.44	79	\$ 4.38	\$ 161.94	324
	Dental	\$ 10.33	\$ 71.07	1,744	\$ 6.55	\$ 52.76	1,490	\$ 16.83	\$ 60.90	3,317	\$ 9.66	\$ 55.40	2,094	\$ 5.77	\$ 52.54	1,319	\$ 6.81	\$ 54.33	1,504
	DME/Supplies	\$ 13.34	\$ 1.63	98,384	\$ 25.66	\$ 0.96	322,336	\$ 46.35	\$ 13.35	41,656	\$ 163.03	\$ 2.68	728,636	\$ 3.08	\$ 1.49	24,754	\$ 25.18	\$ 2.11	143,339
	Emergency Room	\$ 1.61	\$ 16.38	1,181	\$ 4.13	\$ 45.04	1,101	\$ 25.69	\$ 119.82	2,573	\$ 42.83	\$ 151.86	3,384	\$ 3.02	\$ 35.32	1,025	\$ 8.17	\$ 72.81	1,347
	FQHC/RHC	\$ -	\$ -	-	\$ 0.89	\$ 141.48	75	\$ 0.47	\$ 159.02	36	\$ 4.12	\$ 145.08	341	\$ 0.87	\$ 122.09	85	\$ 1.18	\$ 132.23	107
	Home Health	\$ 0.02	\$ 0.89	303	\$ 3.45	\$ 14.53	2,846	\$ 13.51	\$ 99.52	1,629	\$ 78.98	\$ 66.26	14,304	\$ 0.83	\$ 1.08	9,223	\$ 10.06	\$ 14.38	8,394
	Hospice	\$ 0.08	\$ 11.79	78	\$ 0.00	\$ 1.32	22	\$ 21.12	\$ 131.78	1,924	\$ 6.92	\$ 204.39	406	\$ 0.02	\$ 6.72	28	\$ 1.44	\$ 132.38	130
	Inpatient	\$ 47.54	\$ 257.64	2,214	\$ 51.26	\$ 496.20	1,240	\$ 1,404.88	\$ 2,497.33	6,751	\$ 828.73	\$ 2,668.30	3,727	\$ 19.98	\$ 417.90	574	\$ 157.09	\$ 1,499.44	1,257
	Laboratory/Radiology	\$ 2.99	\$ 2.78	12,935	\$ 6.34	\$ 5.38	14,146	\$ 51.51	\$ 16.84	36,698	\$ 66.98	\$ 28.25	28,456	\$ 4.85	\$ 6.19	9,398	\$ 13.23	\$ 12.14	13,083
	Nursing Facility	\$ 5,228.65	\$ 189.95	330,310	\$ 23.05	\$ 208.86	1,324	\$ 6,010.57	\$ 222.07	324,795	\$ 34.05	\$ 207.07	1,973	\$ 6.28	\$ 198.88	379	\$ 383.27	\$ 205.14	22,420
	Other Medical	\$ 2.57	\$ 2.91	10,599	\$ 5.65	\$ 5.16	13,140	\$ 53.50	\$ 46.10	13,927	\$ 64.52	\$ 44.05	17,576	\$ 3.29	\$ 5.59	7,061	\$ 11.83	\$ 15.20	9,340
	Outpatient	\$ 15.24	\$ 20.67	8,849	\$ 15.10	\$ 11.45	15,823	\$ 121.17	\$ 32.86	44,244	\$ 150.12	\$ 167.58	10,750	\$ 6.90	\$ 17.54	4,724	\$ 27.49	\$ 40.10	8,226
	Pharmacy	\$ 10.03	\$ 9.19	13,087	\$ 28.59	\$ 64.98	5,279	\$ 690.96	\$ 60.15	137,851	\$ 842.90	\$ 130.46	77,534	\$ 7.31	\$ 31.43	2,790	\$ 122.91	\$ 92.75	15,902
	Physician	\$ 16.29	\$ 4.69	41,717	\$ 11.59	\$ 4.72	29,474	\$ 206.11	\$ 26.36	93,827	\$ 111.49	\$ 20.36	65,696	\$ 7.31	\$ 5.45	16,080	\$ 25.84	\$ 11.66	26,590
	Vision	\$ 0.64	\$ 18.45	419	\$ 0.36	\$ 16.27	266	\$ 2.74	\$ 30.44	1,081	\$ 1.97	\$ 40.01	590	\$ 0.38	\$ 20.24	228	\$ 0.64	\$ 25.00	306
Medical Services Subtotal		\$ 5,352.25	N/A	N/A	\$ 184.77	N/A	N/A	\$ 8,704.21	N/A	N/A	\$ 2,427.58	N/A	N/A	\$ 70.52	NA	N/A	\$ 799.50	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 4.06	\$ 33.92	1,437	\$ 316.35	\$ 31.09	122,098	\$ 2.23	\$ 35.86	746	\$ 108.65	\$ 29.14	44,735	\$ 1.07	\$ 22.86	563	\$ 54.06	\$ 30.51	21,265
	Employment	\$ -	\$ -	-	\$ 14.80	\$ 5.52	32,176	\$ -	\$ -	-	\$ 7.92	\$ 5.91	16,074	\$ -	\$ -	-	\$ 2.79	\$ 5.64	5,948
	Home Health/Therapies	\$ -	\$ -	-	\$ 589.44	\$ 12.17	581,145	\$ 0.58	\$ 19.41	356	\$ 793.35	\$ 12.55	758,855	\$ 1.08	\$ 14.65	886	\$ 164.08	\$ 12.38	159,101
	Other Waiver	\$ 10.94	\$ 48.94	2,684	\$ 172.72	\$ 16.58	125,010	\$ 7.77	\$ 80.82	1,154	\$ 125.07	\$ 19.14	78,428	\$ 0.29	\$ 27.71	126	\$ 36.98	\$ 17.70	25,068
	PDS/FMS	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-
	Personal Assistance	\$ 14.83	\$ 4.88	36,477	\$ 4,013.82	\$ 4.67	10,305,107	\$ 19.55	\$ 4.42	53,126	\$ 4,142.69	\$ 4.71	10,562,128	\$ 6.24	\$ 4.58	16,343	\$ 980.35	\$ 4.69	2,509,167
	Residential Habilitation	\$ 18.63	\$ 45.23	4,944	\$ 779.06	\$ 70.39	132,807	\$ 7.54	\$ 107.92	838	\$ 320.97	\$ 60.66	63,498	\$ 1.42	\$ 34.49	492	\$ 138.46	\$ 67.05	24,782
	Respite	\$ -	\$ -	-	\$ 1.75	\$ 4.51	4,652	\$ -	\$ -	-	\$ 3.88	\$ 4.34	10,725	\$ -	\$ -	-	\$ 0.65	\$ 4.40	1,775
	Vendor Services	\$ 2.67	\$ 51.79	619	\$ 42.44	\$ 17.02	29,922	\$ 3.09	\$ 38.97	951	\$ 36.07	\$ 12.44	34,797	\$ 0.07	\$ 8.95	97	\$ 9.71	\$ 14.91	7,813
	Waiver DME/Supplies	\$ -	\$ -	-	\$ 0.43	\$ 18.15	282	\$ -	\$ -	-	\$ 0.23	\$ 78.42	35	\$ 0.00	\$ 5.21	2	\$ 0.08	\$ 23.37	42
	HCBS Waiver Services Subtotal		\$ 51.15	N/A	N/A	\$ 5,930.81	N/A	N/A	\$ 40.75	N/A	N/A	\$ 5,538.82	N/A	N/A	\$ 10.17	N/A	N/A	\$ 1,387.17	N/A
Total Services		\$ 5,403.39	N/A	N/A	\$ 6,115.58	N/A	N/A	\$ 8,744.96	N/A	N/A	\$ 7,966.40	N/A	N/A	\$ 80.69	N/A	N/A	\$ 2,186.67	N/A	N/A

Rating Region	Southeast - 4 Counties
Age Group	60+
Time Period	CY 2019

		CHC Eligible Population Group																	
		Dually Eligible Individuals Residing in a Nursing Facility			Dually Eligible Individuals Enrolled in a HCBS Waiver			Medicaid Only Individuals Residing in a Nursing Facility			Medicaid Only Individuals Enrolled in a HCBS Waiver			Dually Eligible Individuals Not Residing in a Nursing Facility or Enrolled in a HCBS Waiver			Total		
Member Months		91,639			64,257			4,964			8,458			160,732			330,051		
Category of Service		PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000	PMPM	Unit Cost	Util/1000
Medical Services	Ambulance	\$ 1.26	\$ 36.79	410	\$ 2.45	\$ 87.08	337	\$ 25.24	\$ 137.74	2,199	\$ 17.86	\$ 259.23	827	\$ 1.07	\$ 134.62	96	\$ 2.19	\$ 93.58	280
	Dental	\$ 7.95	\$ 64.58	1,477	\$ 4.25	\$ 59.64	855	\$ 15.93	\$ 73.32	2,607	\$ 9.13	\$ 63.55	1,725	\$ 3.77	\$ 56.27	805	\$ 5.35	\$ 60.99	1,052
	DME/Supplies	\$ 2.23	\$ 1.88	14,253	\$ 40.35	\$ 0.65	740,360	\$ 19.09	\$ 8.97	25,529	\$ 85.45	\$ 1.83	561,720	\$ 4.89	\$ 0.82	71,357	\$ 13.33	\$ 0.81	197,627
	Emergency Room	\$ 0.43	\$ 13.38	383	\$ 2.54	\$ 45.66	668	\$ 15.38	\$ 102.79	1,796	\$ 28.85	\$ 143.23	2,417	\$ 2.20	\$ 51.87	508	\$ 2.65	\$ 55.60	573
	FQHC/RHC	\$ 0.01	\$ 151.84	0	\$ 0.46	\$ 145.35	38	\$ 0.57	\$ 168.45	40	\$ 4.35	\$ 143.52	363	\$ 0.65	\$ 125.63	62	\$ 0.53	\$ 132.82	47
	Home Health	\$ 0.02	\$ 4.69	44	\$ 2.13	\$ 11.72	2,180	\$ 9.77	\$ 106.65	1,099	\$ 55.72	\$ 86.27	7,751	\$ 0.65	\$ 25.15	312	\$ 2.31	\$ 34.53	804
	Hospice	\$ 0.62	\$ 22.11	338	\$ 0.16	\$ 49.29	39	\$ 53.74	\$ 226.61	2,846	\$ 13.90	\$ 179.68	929	\$ 0.02	\$ 17.52	11	\$ 1.38	\$ 95.36	173
	Inpatient	\$ 17.01	\$ 227.07	899	\$ 56.98	\$ 471.38	1,451	\$ 995.84	\$ 2,600.43	4,595	\$ 676.25	\$ 2,365.22	3,431	\$ 33.33	\$ 603.62	663	\$ 64.35	\$ 763.34	1,012
	Laboratory/Radiology	\$ 1.21	\$ 0.18	79,575	\$ 6.28	\$ 7.36	10,242	\$ 41.08	\$ 16.91	29,149	\$ 57.27	\$ 28.64	23,991	\$ 5.87	\$ 9.07	7,768	\$ 6.50	\$ 2.70	28,925
	Nursing Facility	\$ 4,811.61	\$ 166.20	347,408	\$ 61.44	\$ 179.74	4,102	\$ 5,543.89	\$ 194.83	341,453	\$ 41.83	\$ 189.88	2,643	\$ 45.08	\$ 189.82	2,850	\$ 1,454.32	\$ 168.05	103,848
	Other Medical	\$ 1.35	\$ 3.27	4,959	\$ 5.80	\$ 8.13	8,563	\$ 22.41	\$ 20.96	12,829	\$ 57.62	\$ 39.64	17,444	\$ 6.31	\$ 10.31	7,344	\$ 6.39	\$ 10.56	7,261
	Outpatient	\$ 3.40	\$ 13.57	3,007	\$ 14.31	\$ 13.97	12,291	\$ 56.81	\$ 146.19	4,664	\$ 160.95	\$ 149.59	12,912	\$ 8.57	\$ 42.69	2,410	\$ 12.88	\$ 32.19	4,802
	Pharmacy	\$ 4.29	\$ 5.21	9,876	\$ 12.62	\$ 19.90	7,609	\$ 532.01	\$ 55.85	114,306	\$ 623.38	\$ 95.26	78,531	\$ 9.18	\$ 38.41	2,868	\$ 32.09	\$ 41.18	9,351
	Physician	\$ 5.96	\$ 5.33	13,436	\$ 10.52	\$ 6.31	19,985	\$ 146.92	\$ 27.51	64,082	\$ 105.86	\$ 17.12	74,207	\$ 9.23	\$ 6.99	15,851	\$ 13.12	\$ 8.65	18,206
	Vision	\$ 0.48	\$ 18.20	316	\$ 0.64	\$ 14.91	518	\$ 2.76	\$ 32.50	1,019	\$ 3.07	\$ 39.93	921	\$ 0.65	\$ 16.87	460	\$ 0.69	\$ 18.42	451
Medical Services Subtotal		\$ 4,857.82	N/A	N/A	\$ 220.92	N/A	N/A	\$ 7,481.45	N/A	N/A	\$ 1,941.48	N/A	N/A	\$ 131.46	N/A	N/A	\$ 1,618.08	N/A	N/A
HCBS Waiver Services	Day Habilitation and Adult Day	\$ 0.11	\$ 38.51	35	\$ 183.31	\$ 61.17	35,962	\$ 10.66	\$ 34.34	3,725	\$ 218.05	\$ 55.46	47,180	\$ 0.42	\$ 66.39	77	\$ 41.67	\$ 60.15	8,314
	Employment	\$ -	\$ -	-	\$ 0.16	\$ 3.45	561	\$ -	\$ -	-	\$ 4.39	\$ 4.29	12,259	\$ -	\$ -	-	\$ 0.14	\$ 4.08	423
	Home Health/Therapies	\$ 0.13	\$ 11.27	141	\$ 42.64	\$ 12.80	39,985	\$ 0.09	\$ 11.02	93	\$ 104.13	\$ 10.53	118,718	\$ 0.04	\$ 16.55	31	\$ 11.03	\$ 12.16	10,883
	Other Waiver	\$ 1.12	\$ 25.71	521	\$ 48.92	\$ 24.97	23,512	\$ 7.95	\$ 21.75	4,386	\$ 67.30	\$ 25.35	31,857	\$ 0.20	\$ 40.25	59	\$ 11.78	\$ 25.08	5,633
	PDS/FMS	\$ -	\$ -	-	\$ 0.09	\$ 102.02	11	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ 0.02	\$ 102.02	2
	Personal Assistance	\$ 7.54	\$ 4.69	19,305	\$ 4,231.03	\$ 4.78	10,626,351	\$ 16.24	\$ 4.36	44,696	\$ 4,284.60	\$ 4.79	10,736,044	\$ 8.70	\$ 4.67	22,372	\$ 940.11	\$ 4.78	2,360,894
	Residential Habilitation	\$ 1.18	\$ 22.16	639	\$ 44.92	\$ 71.91	7,496	\$ 23.05	\$ 131.82	2,099	\$ 158.77	\$ 126.33	15,081	\$ -	\$ -	-	\$ 13.49	\$ 78.77	2,055
	Respite	\$ -	\$ -	-	\$ 6.62	\$ 4.67	17,018	\$ -	\$ -	-	\$ 0.55	\$ 4.78	1,371	\$ -	\$ -	-	\$ 1.30	\$ 4.67	3,348
	Vendor Services	\$ 1.00	\$ 34.93	344	\$ 91.93	\$ 10.67	103,430	\$ 1.78	\$ 27.61	776	\$ 52.55	\$ 10.01	63,024	\$ 0.11	\$ 11.09	115	\$ 19.60	\$ 10.73	21,915
	Waiver DME/Supplies	\$ 0.01	\$ 188.10	0	\$ 1.43	\$ 29.35	585	\$ -	\$ -	-	\$ 0.70	\$ 28.55	295	\$ 0.00	\$ 44.20	0	\$ 0.30	\$ 29.50	122
	HCBS Waiver Services Subtotal		\$ 11.09	N/A	N/A	\$ 4,651.06	N/A	N/A	\$ 59.77	N/A	N/A	\$ 4,891.04	N/A	N/A	\$ 9.47	N/A	N/A	\$ 1,039.44	N/A
Total Services		\$ 4,868.91	N/A	N/A	\$ 4,871.97	N/A	N/A	\$ 7,541.22	N/A	N/A	\$ 6,832.52	N/A	N/A	\$ 140.93	N/A	N/A	\$ 2,657.53	N/A	N/A

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